PTO/SB/30 (09-06)

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Request

ontinued Examination (RCE) Transmittal

op RCE commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

a collection of information unless it d	isplays a valid OMB control number.
Application Number	10/767,968
Filing Date	January 28, 2004
First Named Inventor	Michael T. Clouser
Art Unit	1746
Examiner Name	Sarah E. Husband
Attorney Docket Number	5060-000134

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

amendments and instructs otherwise	on required under 37 C.F.R. 1.114 amendments enclosed with the RCE will be. If applicant does not wish to have any prof such amendment(s).	e entered in the or	proper, any previously filed der in which they were filed tered amendment(s) enter	l unless applicant
	submitted. If a final Office action is outstar		nents filed after the final Of	fice action may be
_	onsider the arguments in the Appeal Brief	or Reply Brief prev	iously filed on	
	mendment/Reply fidavit(s)/Declaration(s)	iii.	tion Disclosure Statement	(IDS)
2. Miscellaneo	ous			
a peri	ension of action on the above-identified ap iod ofmonths. (Period of suspension s	plication is reques hall not exceed 3 mo	ted under 37 C.F.R. 1.103(nths; Fee under 37 C.F.R. 1.17	c) for (i) required)
	RCE fee under 37 C.F.R. 1.17(e) is required by	37 C.F.R. 1.114 whe	en the RCE is filed.	
a. \textstyle The D	Director is hereby authorized to charge the sit Account No.08-0750	following fees, or o	credit any overpayments, to	
i. RO ii. Dex iii. Dot	CE fee required under 37 C.F.R. 1.17(e) ktension of time fee (37 C.F.R. 1.136 and 1.17 ther <u>Any deficiency for a fee required under</u> k in the amount of \$ enclosed		<u>r 1.17</u>	
c. 🔲 Paym WAI	ent by credit card (Form PTO-2038 enclosed) RNING: Information on this form may be included on this form. Provide credit c	ecome public. Cre		
	SIGNATURE OF APPLICANT,	ATTORNEY, OR	AGENT REQUIRED	
Name (Print /Type)		Registrati	on No. (Attorney/Agent)	39,052
Signature	Bond Kuly	Date	January 24, 2007	
	CERT/FICATE OF MA	ALING OR TRANS	MISSION	
I hereby certify that this envelope addressed to: Patent and Trademark C	correspondence is being deposited with the Unit Mail Stop RCE, Commissioner for Patents, P. O Office on the date shown below:	ed States Postal Ser . Box 1450, Alexandr		
Name (Print /Type)	David P. Utykanski	Express Mail Label No.	EV 757 778 803 US (1/24/20	99. 88 DA 07)
Signature	David P. Uh LL	Date	January 24, 2007	
his collection of informat	ion is required by 37 CFR 1.114. The information	n is required to obtain	or retain a benefit by the pub	lic which is to file (and by the

Inis collection of information is required by 37 CFR 1.11%. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestibns for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (01-07)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
s are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995. Ho person

Effect Fees pursuant to the Consolid	ive on 12/0 atod Appro	8/2004 priations Action	/ 05 (H.R. 4818).	Complete if Known					
FEE TRANSWITTAL		Application Number 10		10/767,968					
		Filing Date	ng Date January 28, 2004						
for FY 2007		First Named Inventor Michael T. Clouser		er					
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Sarah E. Husband		d				
TOTAL AMOUNT OF TH	VAAF-1-	(6) 700		Art Unit		1746			
TOTAL AMOUNT OF PA	YMENI	(\$) 790		Attorney Do	cket No.	5060-000134			
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Ca	rd 🔲 M	Ioney Order	□ None □	Other (pleas	se identif	y) :			
Deposit Account Dep	osit Acco	unt Number: 0	8-0750	De	posit Acc	ount Name: Harr	ness, Dickey & F	Pierce, PLC	
For the above-ide	entified de	eposit account	the Director is						
☐ Charge fe				•	_			ot for the filing fee	
			derpayments o	of fee(e)		dit any overpayme	·		
Under 37	CFR 1.16	and 1.17	• •	` ,					
WARNING: Information on th information and authorization	is form ma n on PTO-2	ay become publ 2038.	lic. Credit card in	nformation sh	ould not b	e included on this	form. Provide cr	edit card	
FEE CALCULATION					·				
1. BASIC FILING, SEA			ATION FEES	<u> </u>			***		
`	FILING	FEES		ARCH FE			ATION FEES		
Application Type	Fee (\$	Small Ent) Fee(\$)			<u>iall Entit</u> Fee(\$)	<u>ty</u> Fee(\$)	Small Entity	Fees Paid (\$)	
Utility	300	150	50		250	200	<u>Fee(\$)</u> 100	rees raid (\$)	
Design	200	100	100		50	130	65		
Plant	200	100	30	-	150	160	80		
Reissue	300	150	50		250	600	300		
Provisional	200	100	(0	0	0	0		
2. EXCESS CLAIM FE	ES							Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (inc							50	25	
Each independent claim		including Reis	ssues)				200	100	
Multiple dependent cla Total Claims		Claims	Fee(\$)	360 180					
-20 or HP		X	<u>1 66(4)</u>	Fee Paid (\$) Multiple Dependent Claim = 0 Fee (\$) Fee Paid (\$)					
HP = highest number of	_		ter than 20	<u>~</u>			1 ee (4) <u>Fee Paid (\$)</u>	
Indep. Claims		Claims	Fee(\$)	Fee Pai	d (\$)			 	
3 or HP=		x		= 0					
HP = highest number of	independe	nt claims paid fo	r, if greater than	3.					
3. APPLICATION SIZE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37	CFR 1.5	2(e)), the appl	ication size fee	due is \$250	(\$125 fo	r small entity) fo	r each additions	al 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						Foo Paid (\$)			
$\frac{15 \text{ in Silvers}}{2} = \frac{0}{2} \qquad \text{(round up to a whole number)} x$						= <u>0</u>			
4. OTHER FEE(S)						- <u>∪</u> <u>Fees Paid (\$)</u>			
Non-English Specification, \$130 fee (no small entity discount)					i des Faiu (\$)				
Other (e.g., late filing surcharge): Request for Continued Examination (RCE)					790.00				
SUBMITTED BY									

SUBMITTED BY	Λ. γ.	<u> </u>				
Signature	Band Oh	ph	Registration No. (Attorney/Agent)	39,052	Telephone	248 641-1600
Name (Print/Type)	David P. Utykanski				Date	January 24, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.